## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P06000121489** 07-09-2007 90047 020 \*\*\*150.00 1. Entity Name JERRY BONE, INC. Principal Place of Business Mailing Address dareaca 16233 MERCURY WAY 16233 MERCURY WAY FT MYERS, FL 33908 FT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 07052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 7in Zio Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONE, JERRY Street Address (P.O. Box Number is Not Acceptable) 16233 MERCURY WAY FT MYERS, FL 33908 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME BONE, JERRY NAME 16233 MERCURY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED Jul 09, 2007 8:00 am

## 40123531 #P06000121489

ONLY NOTICE

I GOT WAS

POSTCARD IN/

MAIL 7-5-07